

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 097869925

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
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50									
TOTAL IND.	2								
TOTAL DEP.	13								
TOTAL CLAIMS	15								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS